

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000103138

**FILED**  
**May 16, 2011**  
**Secretary of State**

**Entity Name:** HARMONY INSURANCE, CORP

**Current Principal Place of Business:**

1102 WEST VINE ST  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

**Current Mailing Address:**

2313 INDIAN MOUND TRAIL  
KISSIMMEE, FL 32746

**New Mailing Address:**

**FEI Number:** 26-2406251

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COPE, MAIRA  
2313 INDIAN MOUND TRAIL  
KISSIMMEE, FL 34746 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: COPE, MARIA  
Address: 2313 INDIAN MOUND TRAIL  
City-St-Zip: KISSIMMEE, FL 34746

Title: TREA  
Name: COPE, MARIA C  
Address: 2313 INDIAN MOUND TRAIL  
City-St-Zip: KISSIMMEE, FL 34746 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARIA CELSA COPE

PRES

05/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date